

POSITION INITIALS ID NO. DATE

FEE DETERMINATION
O.I.P.E. CLASSIFIER
FORMALITY REVIEW
RESPONSE FORMALITY REVIEW

MA

(12)
825

3-16
04123(0)
5/21/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
— (Through numeral) Canceled A Appeal
: Restricted O Objected

| Claim | Date | Claim | Date | Claim | Date |
|-------|----------|-------|----------|-------|----------|
| Final | Original | Final | Original | Final | Original |
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If more than 150 claims or 10 actions
staple additional sheet here

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